

Orange Coast District Special Event Application

Filing Fee \$40.00

(Non-refundable)

INSTRUCTIONS: To apply for a Special Event Permit complete this form, read the Special Event Permit Terms and Conditions attached and submit with signatures, any supplemental documents with a credit card authorization form made available to the California State Parks to cover the required filing fee to the Special Event office. We no longer accept checks of any kind. Please include any additional forms, terms and conditions, and list of required fees will follow. Originals must be submitted. Faxed and scanned permits are not accepted.

APPLICANT/ORGANIZATION	CONTACT PERSON, TITLE			
ADDRESS	E-MAIL ADDRESS			
CITY/STATE/ZIP	PRIMARY PHONE	CELL PHONE		
LOCATION				
☐ Bolsa Chica State Beach ☐ San C	lemente State Beach – Lobiero Par	k San Onofre State Beach – Church		
☐ Crystal Cove State Park ☐ San	Clemente State Beach – Historic Co	ttage San Onofre State Beach – Lowers		
☐ Doheny State Beach ☐ San I	Mateo Campground / Parcel One	☐ San Onofre State Beach – Surf Beach		
	Onofre State Beach – Bluffs/Trails	☐ San Onofre State Beach – Uppers		
SPECIFIC USE	DA	TES		
ARRIVAL/SET-UP TIME	EVENT DATE & TIME	CLEAN-UP/TEAR-DOWN TIME		
2. SPECIFIC PARK AREA/FACILITY TO BE USED (List all areas of the park that may be utilized for the event.):				
3. MAXIMUM NUMBER OF PEOPLE EXPECTED TO ATTEND THE EVENT (The State may limit the maximum attendance at its discretion):				
4. PARKING: (Circle one) Guests pay at arrival: YES NO Pre-Pay for Guests: YES NO # of Vehicles Pre-Pay N/A				
5. PLEASE CHECK ALL THAT APPLY:				
	as event			
☐ Alcohol will be used or sold during the event				
☐ Participant fees (beyond regular facility fees) will be charged for the event.				
☐ Merchandise / Items will be sold at the event				
SPECIAL EVENT OFFICE ONLY:				
	1	1		



Orange Coast District

SPECIAL EVENT APPLICATION QUESTIONNAIRE

INSTRUCTIONS: Complete the following questionnaire to the best of your ability. California State Parks reserves the right to require specific amenities and services to be provided by the Applicant regardless of the answers provided below.

Nam	e of e	vent as advertised:
Nam	e of e	vent manager:
Yes	No	

Yes	No			
0	0	Is the event open to the public? If yes, the applicant must attach a list of expected total attendance number per day		
0	0	Will the event be marketed, promoted, or advertised in any manner? If yes, please provide method of advertisement, media coverage, and copies of flyers, posters, etc.		
0	0	Will the applicant be notifying local businesses or property owners of the event?		
0	0	Are patron admission, entry or participant fees required to enter or participate in the event? If yes, please provide the amount of each fee collected from spectators or participants:		
0	0	Are vendor fees or other fees required? If yes, please list other fees:		
0	0	Will items or services be sold at the event? If yes, please list items or services to be sold:		
0	0	Will alcohol be available on event premises?		
0	0	If yes, has an ABC Permit been obtained for the event? Circle One Yes No		
0	0	If yes, will the alcohol be sold or be free to those participants or spectators over the age of 21 years? Circle One Sold Free		
0	0	Will the event include food concession and/or preparation areas? If yes, please describe how the food will be prepared: Circle all that apply: Pre-packaged Gas Charcoal Electric Other		
0	0	Will there be amplified sound associated with the event?		
0	0	Will there be live music, amplified or otherwise associated with the event?		
0	0	If yes, please provide the number of bands or performers expected:		
0	0	If yes, the applicant must also provide/attach a list of bands and performers scheduled to play at the event:		
0	0	Does the event provide an established area for dancing to either live or recorded music?		
0	0	Will the event include any type of games or athletic activities? If yes, please describe all details:		
0	0	Will the event have any temporary structures including canopies, tents, fend the event? If yes, please attach a detailed site map of your proposed eve If yes, please list all structures including sizes:	cing, etc. erected during nt lay-out.	

Yes	No	
0	0	Will the event erect any platforms, stages, or scaffolding? If yes, please list including sizes:
0	0	Will inflatable(s), hot air balloons, or similar devices be used during the event? (Note: State Parks approve on a case by case basis.)
0	0	Does the event include the use of fireworks, rockets, lasers, or other forms of pyrotechnics? If yes, please list type and amount:
0	0	Will the event include any self-contained fires; including bonfires, BBQs, or open flame cooking? If yes, please list type and amount:
0	0	Will the event include any heating devices? If yes, please list size and amount:
0	0	Will the applicant hire a licensed and professional security company to develop and manage the security needs of the event? (Note: State Parks maintains the right to require security for any event.)
0	0	Will the applicant hire an emergency medical services provider to develop and manage the medical needs of the event? (Note: State Parks maintains the right to require medical services for any event.)
0	0	Will the event involve any type of aquatic activity? If yes, applicant will be required to hire California State Park Lifeguard services.
0	0	Will attendance or the event area impact parking or normal visitor use in a manner not usually permitted?
0	0	Will attendance or the event area impact any State Park owned roadways, walkways or accesses?
0	0	Will attendance or the event area impact any private, municipal, or state streets or roadways adjacent to the park utilized for the event?
0	0	If yes, it is the responsibility of the applicant to contact and secure permits from the affected agencies. A copy of each permit shall be attached to the final signed permit. **
0	0	Will the event require traffic control or traffic safety equipment? If yes, please provide traffic control plan including safety equipment.
0	0	Will the event require special parking and/or shuttle plan? If yes, please list special parking needs and/or provide shuttle plan.
0	0	Will the event require signage or banners to be used? If yes, please provide copy of signage/banner, specify size and demonstrate where signage will be placed on site map.
0	0	Will the event provide additional restroom facilities for event spectators, participants, and vendors? (Note: State Parks maintains the right to require additional services for any event.)
0	0	Will the event provide additional dumpsters or refuse collections containers during the event? (Note: State Parks maintains the right to require additional services for any event.)
0	0	Will the event necessitate the need for additional disabled parking?
0	0	If all areas of the event venue cannot be made accessible, will maps or programs be made available to show the location of accessible restrooms, parking, access routes and the like?
0	0	Will the event require exclusive use of an area?

* PLEASE NOTE - Some of the items mentioned in this permit may not be allowed at all of the parks. Bolsa Chica State Beach and Huntington State Beach prohibited items are highlighted in RED *

^{**} List ALL outside agencies that will be involved in your permit process.

Please list guaranteed fees to be paid to the California State Parks. (Permit fee, facility-use fee, et	c.)
Method of garbage collection and disposal:	
motion of garbage concentration disposal.	
List all organizations/third parties involved. (ex: sponsors, party rentals, caterers, promotional fir etc.) Please attach copies of estimates and invoices.	ms,
Detailed description of source	
Detailed description of event:	
GROUP CAMP ONLY: N/A	
# of vehicles parked at site:	
Will you have a trailer in the site? YES NO	
Will you need electricity? YES NO (If yes, additional fees may apply.)	
Will you need water? YES NO (If yes, additional fees may apply.)	
I have read and accept the Special Event Terms and Conditions attached. I understand that the District Superintendent or authori representative may terminate, without prior notice, any special event activity when it is necessary for the safety and enjoyment of the public, for the protection of the resources, or for violation of any rules or regulations of the Department of Parks and Recreation or conditions of this permit. I also understand that any Special Event Permit may be cancelled without notice in the event of disaster unforeseen emergency.	the
SIGNATURE	

		FOR RESER	VATION OFFIC	CE ONLY (USE BLUE INK)		
TOTAL PE	RMIT FEES	DATE RECEIVED	CHECK#	Permit Copy Distributed to Staff		
				☐ Placed on Master Calendar		
				- I laced of twaster Calefidat		
	O AND RECOMM	ENDED BY		DATE		
	GIERHART 					
Special Event Permit Coordinator			PHONE			
ADDRESS				(714) 377-9422 CITY, STATE, ZIP CODE		
17851 PACIFIC COAST HIGHWAY				HUNTINGTON BEACH, CA, 92649		
APPROVE	D BY			DATE		
TITLE (Par	k Supervisor or S	ector Superintendent)		PHONE		
				(714) 377-9422		
SITE MAP	ATTACHED			EMPLOYEE (S) ASSIGNED		
☐ Yes	☐ Not Appl	icable		LIVIE LOTEE (3) ASSIGNED		
	RY PERMITS AT			EMPLOYEE (S) ASSIGNED		
☐ Yes	□ Not Appl			EMIFLOTEE (S) ASSIGNED		
KIOSK NO	2000			EMPLOYEE (S) ASSIGNED		
☐ Yes	☐ Not Appl	icable		LIVII LOTEL (3) ASSIGNED		
SAMPLE O	F PARKING PER	MIT ATTACHED		EMPLOYEE(S) ASSIGNED		
☐ Yes	☐ Not Appl	icable				
RANGER/L	AW ENFORCEM	ENT NOTIFIED		EMPLOYEE ASSIGNED		
☐ Yes	☐ Not Appli	icable				
LIFEGUAR	D STAFF NOTIFI	ED		EMPLOYEE(S) ASSIGNED		
☐ Yes ☐ Not Applicable						
MAINTENANCE NOTIFIED				EMPLOYEE(S) ASSIGNED		
☐ Yes ☐ Not Applicable						
CHEMICAL	CHEMICAL TOILET ARRIVAL DATE / RETRIEVAL DATE COMPANY & CONTACT INFO					
☐ Yes ☐ Not Applicable						
DUMPSTER ARRIVAL DATE / RETRIEVAL DATE COMPANY & CONTACT INFO						
☐ Yes ☐ Not Applicable						
TABLE AND CHAIR ARRIVAL DATE / RETRIEVAL DATE COMPANY & CONTACT INFO						
☐ Yes ☐ Not Applicable						
FIREWOOD DELIVERY EMPLOYEE ASSIGNED						
☐ Yes	☐ Not Appli	cable				



Orange Coast District Special Events

South Sector

South Sector Coordinator 3030 Avenida del Presidente

San Clemente, CA 92672 (949) 366-8530 FAX (949) 492-9437 San Clemente

Historic Cottage

Lori Coble

CREDIT CARD AUTHORIZATION

Company Credit Card: Yes (Circle One)	Noel Moton Cottage Coordinator 3030 Avenida del Presidente San Clemente, CA 92672			
Name of Company:		(949) 366-8589 FAX (949) 492-9437		
Contact Name:	Doheny Picnic & Events Denise Estrada Picnic/Events Coordinator			
Billing Address:	25200 0 0 1 111 1 0			
City:	State: Zip:	(949) 496-3617		
Phone:	Fax:			
Email Address:		Lynn Fails Rebekah Gillilan Central Sector Coordinator		
Credit Card: (Circle One)	VISA	8471 North Coast Highway Laguna Beach, CA 92651 (949) 497-1582 FAX (949) 497-5080		
Name as it appears on Card:		North Sector Megan Gierhart		
Credit Card Number:	Bolsa Chica / Huntington			
Security Code:		(714) 377-9422		
I acknowledge and hereby authorize the use of the above credit card for payment of fees and costs as prescribed and explained by CA State Parks.				
Amount Authorized: \$				
Payee Signature:		Date:		
Your completion of this authorization form helps us protect you, our valued customer, from credit card fraud. California State Parks will keep all information entered on this form strictly confidential. For information concerning our credit card security policy and PCI compliance, please speak with your assigned events coordinator.				
	CA State Parks Use Only			
Permit #: PCA#	Date(s) of E	vent:		